POSITION	INITIALS	ID NO.	DATE
	(signature)		06/04/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	*(mark)*		6-12-01
FORMALITY REVIEW	A.T	1071	07/27/01
RESPONSE FORMALITY REVIEW	A-M	JT 580	10-26-01

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
− (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim		Date						Claim		Date							Claim		Date					
Final	Original							Final	Original								Final	Original							
	1								51									101							
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	49								99									149							
	50								100									150							

If more than 150 claims or 10 actions
staple additional sheet here

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